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AUTHORIZED UTILITY REPRESENTATIVE FORM

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TYPE: [X] Water [] Sewer	[] Both	ECE
CERTIFICATED COMPANY INFORM	MATION	
Utilities, Inc. Company Name		
Southland Utilities, Inc. Dba/fka	(800) 272-1919 Telephone	
200 Weathersfield Avenue Mailing Address		
Altamonte Springs, FL 32714-4027 City, State, Zip Code	f .	
110 Queen Parkway Business Location	West /	U.J.J
West Columbia, SC 29169 City, State, Zip Code	Lexington County	
PECISTEDED ACENT INFORMAT	· ·	
REGISTERED AGENT INFORMAT Registered Agent: Corporation Service Company	<u>IUN</u>	
Mailing Address: 1703 Laurel Street		
City, State, Zip Code: Columbia, SC 29201		
Pursuant to the Commission's rules and regulations, print or type	company contact for	the following:
A. Regulatory Officer: <u>Steven M. Lubertozzi, Executive Dir. of R</u>		
(847) 498-6440 / (847) 498-6498 / smlul Telephone Number / Facsimile Number / E-mail Addre	bertozzi@uiwater.cor ess	<u>n</u>
B. Customer Relations (Complaints): Elise Christian, Customer	omer Care Specialist	
(321) 972-0356 / (407) 869-6961 / eschr Telephone Number / Facsimile Number / E-mail Addre	istian@ulwater.com ss	
C. Engineering Operations: Patrick C. Flynn, Regional Di	rector	

(321) 972-0359 / (407) 869-6961 / pcflynn@ulwater.com
Telephone Number / Facsimile Number / E-mail Address

D.	Test and Repair: Ut	Utilities, Inc Customer Service					
	(800) 272-1919 /	(407) 869-4	1416 /	customerservice@	uiwater.com		
	Telephone Number / Fa	csimile Number	/ E-m	ail Address	77777		
E.	Emergencies: 24 Hour A	nswering Servic	e				
	(During Non-Office Hours)						
	(800) 272-1919 /		1				
	Telephone Number / Fac	simile Number	/ E-ma	ail Address			
F.	Financial:Jim Japczyk, Vice President and Chief Financial Officer						
	(847) 498-6440 /	[847] 498	-6498 /	jfjapczyk@uiwater.	com		
	Telephone Number / Face	simile Number	/ E-mail	Address			
G.	Customer Contact (Toll Free I	Number): (80	0) 272-191	9			
	·	,					
	Detriot C. Flores		į	Estuck Co	100		
	Patrick C. Flynn This form was completed by	(print name)	<u>~</u> _		me fre		
	rins torin was completed by	(built name)		Signature	0		
	Regional Director			July 1, 2010			
	Till	e	-	Date			

RETURN COMPLETED FORM TO:

Public Service Commission of SC Docketing Department Post Office Drawer 11649 Columbia, South Carolina 29211

And

Office of Regulatory Staff
Attn: Jeanne Gordon
1401 Main Street, Suite 900
Columbia, South Carolina 29201